


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000153356</b> 1. Entity Name <b>ARBOR LANDSCAPING, INC.</b>	
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Principal Place of Business <b>35 CROMPTON PLACE PALM COAST, FL 32137</b>	Mailing Address <b>35 CROMPTON PLACE PALM COAST, FL 32137</b>
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>92-0189375</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**PRICKETT, DANIEL T  
35 CROMPTON PLACE  
PALM COAST, FL 32137**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000946045 05/30/08-80032-019 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PRICKETT, DANIEL T 35 CROMPTON PLACE PALM COAST, FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRICKETT, THOMAS M 35 CROMPTON PL PALM COAST, FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRICKETT, TAYLOR 35 CROMPTON PLACE PALM COAST, FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Daniel T Prickett* **prossubant** 4/30/08 386 931 4023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*DANIEL T PRICKETT*